

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/526897

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3		2	1			
4		2	2			
5	0		2			
6	0		2			
7	0		2			
8	0		2			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	9	↔	13	↔		↔
TOTAL CLAIMS	10	[REDACTED]	14	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]